

#### UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

TIMOTHY LUCE,

Plaintiff,

07 **CIVIL** 10557(BSJ)

-against-

**JUDGMENT** 

| MICHAEL J. ASTRUE, Commissioner of |  |
|------------------------------------|--|
| Social Security,                   |  |
| Defendant,                         |  |

Whereas the parties having stipulated that this action be remanded to the Commissioner of Social Security pursuant to sentence four of 42 U.S.C. 405(g), for further administrative proceedings, and the matter having come before the Honorable Barbara S. Jones, United States District Judge, and the Court, on February 28, 2008, having rendered its Order directing the Clerk of the Court to enter judgment remanding this matter to the Commissioner for further proceedings, it is,

ORDERED, ADJUDGED AND DECREED: That for the reasons stated in the Court's Order dated February 28, 2008, this action is remanded to the Commissioner of Social Security pursuant to sentence four of 42 U.S.C. 405(g), for further administrative proceedings.

Dated: New York, New York March 6, 2008

J. MICHAEL McMAHON

**Clerk of Court** 

BY:

Deputy Clerk

THIS DOCUMENT WAS ENTER!

## United States District Court Southern District of New York Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

| Date:   |              |   |   |
|---------|--------------|---|---|
| In Re:  |              |   |   |
|         | - <b>v</b> - |   |   |
| Case #: |              | ( | ) |

Dear Litigant,

Enclosed is a copy of the judgment entered in your case.

Your attention is directed to Rule 4(a)(1) of the Federal Rules of Appellate Procedure, which requires that if you wish to appeal the judgment in your case, you must file a notice of appeal within 30 days of the date of entry of the judgment (60 days if the United States or an officer or agency of the United States is a party).

If you wish to appeal the judgment but for any reason you are unable to file your notice of appeal within the required time, you may make a motion for an extension of time in accordance with the provision of Fed. R. App. P. 4(a)(5). That rule requires you to show "excusable neglect" or "good cause" for your failure to file your notice of appeal within the time allowed. Any such motion must first be served upon the other parties and then filed with the Pro Se Office no later than 60 days from the date of entry of the judgment (90 days if the United States or an officer or agency of the United States is a party).

The enclosed Forms 1, 2 and 3 cover some common situations, and you may choose to use one of them if appropriate to your circumstances.

The Filing fee for a notice of appeal is \$5.00 and the appellate docketing fee is \$450.00 payable to the "Clerk of the Court, USDC, SDNY" by certified check, money order or cash. No personal checks are accepted.

| by: |                |
|-----|----------------|
|     | , Deputy Clerk |

J. Michael McMahon, Clerk of Court

APPEAL FORMS

Docket Support Unit Revised: April 9, 2006

# United States District Court Southern District of New York Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

|                                  |                   | X              |               |                     |              |
|----------------------------------|-------------------|----------------|---------------|---------------------|--------------|
|                                  |                   |                | NOTICE        | OF APPEAL           | •            |
| <b>-V</b> -                      |                   |                | civ.          | ( )                 |              |
| Notice is hereby given           |                   |                |               |                     |              |
| hereby appeals to the United Sta | ites Court of App | eals for the S | econd Circuit | t from the Judgment | describe it] |
|                                  |                   |                |               |                     |              |
|                                  |                   |                |               |                     |              |
|                                  |                   |                |               |                     | ·            |
| entered in this action on the    | day (day)         | of             | onth)         | , (year)            |              |
|                                  |                   | _              |               | (Signature)         |              |
|                                  |                   |                | . (           | (Address)           | <u></u>      |
|                                  |                   | <del>_</del>   | (City, Stat   | e and Zip Code)     | <del></del>  |
| Date:                            |                   | (              | )(Tele        | phone Number)       | <del></del>  |

<u>Note</u>: You may use this form to take an appeal provided that it is <u>received</u> by the office of the Clerk of the District Court within 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 1

### United States District Court Southern District of New York Office of the Clerk U.S. Courthouse

| MOTION FOR EXTENSION OF TIME TO FILE A NOTICE OF APPEAL  -V-    civ. ( )    pursuant to Fed. R. App. P. 4(a)(5),   | 500 Peari Street, No                                  | ew Iork, 14. | 1. 10007-1213 |                          |           |                  |
|--|---|--------------|---------------|--------------------------|-----------|------------------|
| TO FILE A NOTICE OF APPEAL  civ. ( )  Pursuant to Fed. R. App. P. 4(a)(5),   |   | -X           |               |                          |           |                  |
| Pursuant to Fed. R. App. P. 4(a)(5),   |   | MO<br>To     | TION FOR E    | EXTENSION OF THE COMMENT | ION O     | F TIME<br>EAL    |
| requests leave to file the within notice of appeal out of time.  (party)  desires to appeal the judgment in this action entered on  (day)  notice of appeal within the required number of days because:  [Explain here the "excusable neglect" or "good cause" which led to your failure to file a notice of appeal within the required number of days.]  (Signature)  (Address)  (City, State and Zip Code) | -V-   | 1            | civ.          | (                        | )         |                  |
| requests leave to file the within notice of appeal out of time.  (party)  desires to appeal the judgment in this action entered on  (day)  notice of appeal within the required number of days because:  [Explain here the "excusable neglect" or "good cause" which led to your failure to file a notice of appeal within the required number of days.]  (Signature)  (Address)  (City, State and Zip Code) | **************************************                | <br>X        |               |                          |           |                  |
| requests leave to file the within notice of appeal out of time.    (party)   | Pursuant to Fed. R. App. P. 4(a)(5),                  |              | (             |                          |           | _ respectfully   |
| desires to appeal the judgment in this action entered on   | requests leave to file the within notice of appeal of | out of time. | (рату)        |                          |           | ·                |
| notice of appeal within the required number of days because:  [Explain here the "excusable neglect" or "good cause" which led to your failure to file a notice of appeal within the required number of days.]  (Signature)  (Address)  (City, State and Zip Code)  | _   |              | (day)         |                          |           |                  |
| [Explain here the "excusable neglect" or "good cause" which led to your failure to file a notice of appeal within the required number of days.]  (Signature)  (Address)  (City, State and Zip Code)  | notice of appeal within the required number of da     | ys because:  |               |                          |           |                  |
| (Signature)  (Address)  (City, State and Zip Code)   | [Explain here the "excusable neglect" or "good cause" |              |               | file a not               | ice of ap | opeal within the |
| (Address)  (City, State and Zip Code)  Date:   | , ,   |              |               | ٠.                       |           |                  |
| (Address)  (City, State and Zip Code)  Date:   |   |              |               |                          |           |                  |
| (Address)  (City, State and Zip Code)  Date:   |   |              |               |                          |           |                  |
| (Address)  (City, State and Zip Code)  Date:   |   |              |               |                          |           |                  |
| (Address)  (City, State and Zip Code)  Date:   |   |              |               |                          |           | ,                |
| (City, State and Zip Code)  Date:  |   |              | (S            | ignature)                | · .       |                  |
| (City, State and Zip Code)  Date:  |   |              |               |                          |           |                  |
| Date: ( )  |   |              | (4            | Address)                 |           |                  |
|  |   | _            | (City, S      | tate and Zip             | Code)     |                  |
|  | Date:   | ()           | )             | <br>h                    |           |                  |

Note: You may use this form, together with a copy of Form 1, if you are seeking to appeal a judgment and did not file a copy of Form 1 within the required time. If you follow this procedure, these forms must be received in the office of the Clerk of the District Court no later than 60 days of the date which the judgment was entered (90 days if the United States or an officer or agency of the United States is a party).

FORM 2

#### United States District Court Southern District of New York Office of the Clerk

| U.S. C<br>500 Pearl Street, Ne                                    | Courthouse<br>w York, N.Y. 10007-1213   |
|---|---|
|   | X   |
| -V-   | NOTICE OF APPEAL<br>AND<br>MOTION FOR EXTENSION OF TIME   |
|   | civ. ( )  |
| Notice is hereby given that                                       | hereby appeals to   |
| the United States Court of Appeals for the Second [Give a descrip | (party) Circuit from the judgment entered on tion of the judgment]  |
| •   | ed in the Clerk's office within the required time fully requests the court to grant an extension of time in |
| To any act of this request  | states that   |
| this Court's judgment was received on                             | (party) and that this form was mailed to the  |
| court on (date)   |   |
|   | (Signature)   |
|   | (Address)   |
|   | (City, State and Zip Code)  |
| Date:   | ( ) (Telephone Number)  |

Note: You may use this form if you are mailing your notice of appeal and are not sure the Clerk of the District Court will receive it within the 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 3

#### United States District Court Southern District of New York Office of the Clerk U.S. Courthouse

500 Pearl Street, New York, N.Y. 10007-1213

|                               |             | <b>Y</b>     |   |
|-------------------------------|-------------|--------------|---|
|                               |             |              | AFFIRMATION OF SERVICE                          |
| -V-                           |             | <br> -<br> X | civ. ( )  |
|                               |             |              | _, declare under penalty of perjury that I have |
| served a comy of the attached |             |              |   |
|                               |             | · .          |   |
|                               |             |              |   |
| upon                          | <del></del> |              |   |
| whose address is:             |             |              |   |
| whose address is:             |             | <u> </u>     |   |
|                               |             |              |   |
| Date:                         |             |              |   |
|                               |             |              | (Signature)                                     |
|                               |             |              | (Address)                                       |
|                               |             |              | (City, State and Zip Code)                      |